

EMS Reciprocity Requirements for King County and Washington State

In King County there are two recognized levels of pre-hospital care, Paramedic and EMT-B. If you want to become certified in King County you can only reciprocate as an EMT-B.

Because the University of Washington began training and certifying Paramedics before Washington State, they are the certifying agency for Paramedics in King County. Washington State EMS and Trauma Prevention licenses and certifies Paramedics in every county except for King. In order to enroll in the University of Washington program you need to be sponsored by a participating fire agency or South King County Medic One.

The following steps are required to gain reciprocity as an EMT-B from other states and the National Registry.

Step #1: Complete a Health Department approved HIV/AIDS Prevention class. Listed below are three organizations that can help you with this (note: you must complete the 7-hour course approved for Washington State).

1. Health Information Network (206) 784-5655
www.healthinfonetwork.org
2. Health Impact 1-800-783-2437
3. Wild Iris (Internet based learning application)
www.wildirismedicaleducation.com/courses/54/index_mand.html

Step #2: Read the attached document; *Washington State Specific Objectives for Emergency Medical Technician – Basic*, and complete the acknowledgement sheet attached.

Step #3: Send to my office:

- 1) Completion certificate from the HIV/AIDS Prevention class (step1).
- 2) Signed acknowledgement form from the Washington State Specific Objectives (Step 2).
- 3) Copy of your out of state or National Registry EMT card (**)
- 4) Copy of Picture ID (Note: Both the text and picture must be legible).

(Note:** If you have completed the Basic EMT course out of state, but have not yet applied for and received certification, you may Challenge the training requirements of Washington State. The process is the same as for reciprocity; however, instead of a copy of your EMT card, you will submit a letter stating that you wish to challenge the training requirements for Washington State EMT certification and you will need to submit a course completion certificate from your school. Don't forget to sign and date the letter)

Please mail these documents to:

Blake Marcus Harrison
Program Manager, EMS Licensing and Certification
King County Emergency Medical Services
999 3rd Avenue, Suite 700
Seattle, Washington 98104

Step #4: Once your documents have been received, reviewed, and approved you will need to take the Washington State written examination. The review process usually occurs in 7 working days. Once approval is obtained, then you can schedule a date to take the state written exam. The written exam is offered weekly in my office. Please contact me at (206) 205-5860 to make an appointment. The written exam will be 100 questions and the format will be multiple-choice. Each question on the exam is worth one point, passing is 70 or greater.

After successfully passing the state written exam, you have successfully completed the requirements for reciprocity. You are now eligible for certification as an EMT-B in Washington State. Your next step is to gain agency affiliation with a pre-hospital care agency such as ambulance or fire service. We can talk further about your choices when you come in to take the written exam.

If you have any further questions regarding reciprocity or challenge in King County, contact Blake Marcus Harrison at (206) 205-5860 or by e-mail at: blake.harrison@metrokc.gov

Another source of information would be the Washington State Office of Emergency Medical Services and Trauma Systems at <http://www.doh.wa.gov/hsqa/emstrauma/default.htm>

WASHINGTON STATE SPECIFIC OBJECTIVES AFFIRMATION STATEMENT

Before your EMS training can be approved, you must affirm that you understand the *Washington State-Specific Objectives* for the level of certification you are applying for. This is **required** knowledge for all certification candidates, and contains specific objectives that establish the standard for field performance in Washington State. Questions regarding these objectives are included in the written examination.

I understand that this information is vital to my ability to safely provide patient care in Washington State, and declare that I am knowledgeable in the Washington State Specific Objectives for:

(Please circle one only)

FIRST RESPONDER

EMT

IV THERAPY TECHNICIAN

AIRWAY TECHNICIAN

IV/AIRWAY TECHNICIAN

ILS TECHNICIAN

ILS/AIRWAY TECHNICIAN

PARAMEDIC

Print Name

Date

Applicant Signature

**Washington State Specific Objectives for
Emergency Medical Technician - Basic**



**OFFICE OF EMERGENCY MEDICAL
AND TRAUMA PREVENTION**

September 1996

Emergency Medical Technician - Basic Definition:

"Emergency Medical Technician – Basic" means a person who:

- (a) Has been trained in an approved program to render emergency medical care under written or oral authorization of an MPD or approved physician delegate; and
- (b) Has been examined and certified as an Emergency Medical Technician - Basic by the Department.

Emergency Medical Technician – Basic Course Content:

The Department recognizes the United States Department of Transportation National Standard Emergency Medical Technician - Basic training course curriculum as amended by the department. **Specific objectives added to the National Standard Emergency Medical Technician curriculum are underlined.** These specific objectives are needed to meet the Emergency Medical Technician - Basic training requirements.

The following section contains specific objectives that Washington State added to the National Standard EMT-Basic curriculum. This curriculum may be obtained as a resource from the Office of Emergency Medical and Trauma Prevention web site shown below.

<http://www.doh.wa.gov/hsqa/emstrauma/publications.htm>

Please review the following objectives. If you determine additional study or instruction is necessary to meet these training requirements, complete the following steps:

1. Study educational material pertinent to the objectives you must meet using the EMT-Basic curriculum from the web address listed above and EMT textbooks, or, receive training from a Senior EMS Instructor or content area expert in those topic areas. If you do not personally have access to the Internet, most local libraries have access. The trauma triage tool and EMS-NO CPR information is available in the curriculum and individually on the web site.
2. When you have completed the necessary Washington State Specific Objectives (WSSOs) and feel comfortable that you are knowledgeable in these objectives, complete and sign the attached WSSO Affirmation Statement.
3. Return the WSSO Affirmation Statement with your other documentation to the address provided on the application. After eligibility is determined you may be approved to take the written examination.

**Washington State Specific Objectives
To Be Added To EMT-Basic Courses
Conducted in Washington State**

Extracted from the
Emergency Medical Technician Basic - National Standard Curriculum
Washington State Amended Edition - Revised September 1996

Module 1: Lesson 1-2

- 1-2.11 Identify components of a generic infectious disease exposure control plan as required by WISHA, i.e. Labor and Industries. (C-1)
- 1-2.12 Identify transmission routes of Hepatitis A, B, C, TB, HIV, Meningitis and Measles. (C-1)
- 1-2.13 Identify how Hepatitis A, B, C, TB, HIV/AIDS, Meningitis and Measles affect the body. (C-1)
- 1-2.14 Describe the effects of the Ryan White Act on EMS personnel. (C-1)

Lesson 1-3

COGNITIVE OBJECTIVES

- 1-3.13 Describe spousal, child, and geriatric abuse. (C-1)
- 1-3.14 Describe the Washington State EMS-No CPR Program. (C-1)
- 1-3.15 Recognize which patients are eligible for the EMS-No CPR program. (C-1)
- 1-3.16 Understand the philosophy of the EMS-No CPR Guidelines. (C-1)
- 1-3.17 Understand the 1992 Amendment to Washington's Natural Death Act (C-1)
- 1-3.18 Understand which individuals qualify for the EMS-No CPR Program. (C-1)
- 1-3.19 Understand the parts of the EMS-No CPR Directive. (C-1)
- 1-3.20 Recognize the EMS-No CPR Bracelet or other valid do not resuscitate orders. (C-1)
- 1-3.21 Know where to look for a patient's EMS-No CPR Directive or bracelet. (C-1)
- 1-3.22 Know how to recognize when an individual has revoked the EMS-No CPR directive. (C-1)
- 1-3.23 Understand the EMS provider protocols for the EMS-No CPR Directive. (SEE APPENDIX O). (C-1)
- 1-3.24 Understand the liability for EMS personnel regarding the EMS-No CPR program. (C-1)
- 1-3.25 Know how to document an EMS-No CPR directive on the patient run report. (C-1)
- 1-3.26 Know how to provide comfort care measures to a dying patient. (C-1)

AFFECTIVE OBJECTIVES

- 1-3.30 Explain which patients are eligible for the EMS No-CPR program. (A-3)
- 1-3.31 Know "How Best to Tell the Worst News" to grieving family members. (A-3) (SEE APPENDIX O)
- 1-3.32 Understand the steps you can use to communicate with grieving family members. (A-3)

PSYCHOMOTOR OBJECTIVES

- 1-3.33 Locate and identify the EMS No-CPR bracelet and/or original EMS-No CPR directive. (P-1,2)

NOTE: The DOH manual EMS NO-CPR may be obtained by contacting the Education Training and Regional Support Section, P.O. Box 47853, Olympia, Washington 98504.

Module 2: Lesson 2-1

2-1.23 Describe the steps in performing one person artificial ventilation on a patient using the FATS method. (C-1)

PSYCHOMOTOR OBJECTIVES

2-1.43 Demonstrate how to listen to or auscultate lung sounds. (P-1,2)

2-1.44 Demonstrate the ability to determine if breath sounds are present or absent, clear or unclear, and equal bilaterally. (P-1,2)

2-1.45 Demonstrate how to suction an airway until clear, while observing for bradycardia in children. (P-1,2)

Module 3: Lesson 3-3

COGNITIVE OBJECTIVES

3-3.7 Discuss the physiologic changes of the geriatric patient and the effect they have on medical conditions. (C-1)

3-3.8 Discuss the factors that contribute to the geriatric patient being at higher risk for medical and traumatic emergencies. (C-1)

PSYCHOMOTOR OBJECTIVES

3-3.11 Demonstrate the ability to determine if breath sounds are present or absent, clear or unclear, and equal bilaterally. (P-1,2)

Lesson 3-8

3-8.7 Define the purpose of the Trauma Registry. (C-1)

3-8.8 Define what and how to report data to the state. (C-1)

Module 4: Lesson 4-2

4-2.11 Define Respiratory Distress (to include emphysema, asthma, chronic bronchitis, pneumonia, acute pulmonary edema). (C-1)

4-2.12 List the signs and symptoms of respiratory distress. (C-1)

Lesson 4-3

4-3.44 Define and discuss arteriosclerosis, AMI, CHF and angina. (C-1)

4-3.45 List the signs and symptoms of arteriosclerosis, AMI, CHF and angina.(C-1)

Lesson 4-4

4-4.6 Explain the assessment and emergency care for a seizing patient. (C-1)

4-4.7 Recognize the common signs and symptoms of a generalized seizure. (C-1)

4-4.8 Recognize signs and symptoms of status epilepticus (C-1)

4-4.9 Identify the various conditions that cause seizures. (C-1)

4-4.10 List the common signs and symptoms of a non-traumatic brain injury. (C-1)

4-4.11 Describe the assessment of the patient with an altered mental status and a loss of speech, sensory or motor function. (C-1)

4-4.12 Describe the emergency care for a patient with an altered mental status and a loss of speech, sensory or motor function. (C-1)

4-4.13 Describe the conditions most likely to cause altered mental status with a loss of speech, sensory or motor function. (C-1)

- 4-4.14 Define Diabetes (to include hypoglycemia and hyperglycemia) (C-1)
4-4.15 Describe the signs and symptoms of hypoglycemia and hyperglycemia. (C-1)

Lesson 4-6

- 4-6.8 State the generic and trade names, indications, contraindications, medication form, dose, administration, actions, side effects and re-assessment strategies for Ipecac.(C-1)

NOTE: Training and use of Ipecac should be based on county MPD protocols.

- 4-6.9 State that medical control is required either on-line or off-line by written protocol prior to administration of either syrup of Ipecac or activated charcoal. (C-1)

Lesson 4-9

- 4-9.19 Define ectopic pregnancy. (C-1)
4-9.20 List the signs and symptoms of ectopic pregnancy. (C-1)

Module 5: Lesson 5-1

- 5-1.11 Describe the pathophysiology of shock including a list of clinical signs and symptoms of hypovolemia, vasogenic and cardiogenic shock. (C-1)
5-1.12 State three causes of hypoperfusion to include hypovolemia, vasogenic and cardiogenic shock. (C-1)
5-1.13 Discuss how abdominal pain can signify an immediate life-threatening condition due to bleeding. (C-1)
5-1.14 Identify the causes of acute abdominal pain and abdominal aortic aneurysm. (C1)
5-1.15 List the signs and symptoms of an acute abdomen and abdominal aortic aneurysm. (C-1)

Lesson 5-2

- 5-2.30 State how mechanism of injury (MOI) is helpful in assessing potential injury. (C-1)
5-2.31 Discuss restraining devices and their potential to cause injury. (C-1)
5-2.32 Describe types of collisions and potential injuries. (C-1)
5-2.33 Discuss penetrating trauma and importance of describing weapons to hospital personnel. (C-1)
5-2.34 Identify fall injuries including height injuries, objects in path, impact surface, part of body landing first. (C-1)

Lesson 5-4

- 5-4.27 Discuss the pathophysiology of increased intracranial pressure (ICP) to include phases of signs and symptoms.(C-1)
5-4.28 Describe the mechanism by which the BP rises, pulse rate slows to aid in decreasing ICP.(C-1)
5-4.29 Identify a method to evaluate the level of consciousness (Glasgow Coma Scale).(C-1)
5-4.30 Name potential complications of head injuries. (C-1)
5-4.31 Describe appropriate treatment for head injuries to include: (C-1)
 - Hyperventilation
 - Raising head of board
 - Rapid transport

5-4.32 List the criteria for brain death. (C-1)
5-4.33 Identify types of head injuries. (C-1)
5-4.34 List types of chest injuries as well as signs and symptoms to include: (C-1)
 - Flail chest

- Pneumothorax
- Tension pneumothorax
- Pulmonary contusion
- Rib fracture
- Pericardial tamponade

5-4.35 Describe the prehospital management of chest injuries. (C-1)

5-4.36 Identify signs and symptoms, assessment and management of abdominal/pelvic injuries to include: (C-1)

- Blunt trauma resulting in bleeding or spilling of contents
- Penetrating trauma resulting in evisceration

Module 6: Lesson 6-1

6-1.18 Discuss the signs and symptoms of lower airway disease in an infant and child, to include bronchiolitis, epiglottitis and croup. (C-1)

6-1.19 Recognize and understand that children often have respiratory diseases which may require higher than normal pressures to ventilate. (C-1)

6-1.20 Assess "capillary refill" in children, giving consideration to the patient's environment, i.e., warm vs. cold outside.

6-1.21 Recognize that raising a child's leg to treat for shock may not do anything. Elevate legs **if there is no trauma**. (C-1)

6-1.22 Recognize that if a shunt is block or infected, a child may be prone to a respiratory arrest. (C-1)

6-1.23 Recognize some children's skin color is a "blue-tone" due to a history of cardiac disease. No amount of oxygen will correct this condition. (C-1)

Module 7: Lesson 7-1

7-1.15 Discuss how to rendezvous and conduct a patient transfer with Advance Life Support (ALS) personnel.

Lesson 7-3

7-3.14 Discuss START (Simple Triage and Rapid Transport) Training. (C-1)

7-3.15 Discuss the Washington State Trauma Triage Tool and how it is used to direct trauma patient. (C-1)

7-3.16 Understand the purpose of the Washington State Trauma Triage Tool. (C-1)

7-3.17 Understand who developed and approved the Washington State Trauma Triage Tool. (C-1)

7-3.18 Understand the components of the Washington State Trauma Triage Tool. (C-1) (SEE APPENDIX P)

7-3.19 Understand regional patient care procedures. (C-1)

7-3.20 Understand how to use the Washington State Trauma Triage Tool according to the regional approved Patient Care Procedures. (C-1)

7-3.21 Understand the difference between Regional Patient Care Procedures and Medical Program Director approved Patient Care Protocols. (C-1)

7-3.22 Understand the purpose of trauma wrist bands. (C-1)